

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13443** (9)

1. Corporation Name

**CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORAT
ION**



Principal Place of Business

Mailing Address

**CORPORATE OFFICE
600 E. DIXIE AVE.
LEESBURG FL 34748**

**CORPORATE OFFICE
600 E. DIXIE AVE.
LEESBURG FL 34748**

3. Date Incorporated or Qualified
02/14/1986

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2635190

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBUCK, H D JR ESQ
610-E MAIN ST
LEESBURG FL 34748**

81 Name

82 Street Address (P.O. Box Number) **500004793845**

-04/25/96--01016--004

83 *****70.00**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BOWERSOC, WILLIAM P**
STREET ADDRESS **505 W GIBSON STREET**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE **C/D** ☐ Change ☒ Addition
1.2 NAME **Boliek, R. Richard**
1.3 STREET ADDRESS **01403 Spring Lake Road**
1.4 CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE **CD** ☒ DELETE
NAME **WILLIAMS, JAMES A.**
STREET ADDRESS **501 W MEADOWS STREET**
CITY-ST-ZIP **LEESBURG FL**

2.1 TITLE **V/D** ☐ Change ☒ Addition
2.2 NAME **Meade, Robert T., M.D.**
2.3 STREET ADDRESS **9223 Silver Lake Drive**
2.4 CITY-ST-ZIP **Leesburg, FL 34788**

TITLE **VD** ☒ DELETE
NAME **BURNSSED, LYNN E.**
STREET ADDRESS **5549 BANANA POINT DRIVE**
CITY-ST-ZIP **OKAHUMPKA FL**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Bowersox, William P.**
3.3 STREET ADDRESS **505 W. Gibson Street**
3.4 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **D** ☐ DELETE
NAME **SCHLEIN, EDWARD M M.D.**
STREET ADDRESS **710 YORKTOWN DRIVE**
CITY-ST-ZIP **LEESBURG FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Lew, David C., M.D.**
4.3 STREET ADDRESS **04314 Serene Circle**
4.4 CITY-ST-ZIP **Fruitland Park, FL 34731**

TITLE **D** ☐ DELETE
NAME **GLICK, MICHAEL A M.D.**
STREET ADDRESS **16 LAGRANDE BLVD.**
CITY-ST-ZIP **LADY LAKE FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Ostrander, Ted R., Jr.**
5.3 STREET ADDRESS **1317 W. Citizens Blvd.**
5.4 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **TD** ☐ DELETE
NAME **O'KELLEY, M. BENSON, JR**
STREET ADDRESS **33749 OVERTON DRIVE**
CITY-ST-ZIP **LEESBURG FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

R. Patton McConnell

(352) 323-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

Date

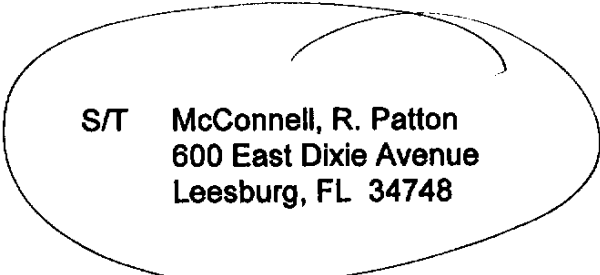
Daytime Phone #

CR2E037 (12/95)

CENTRAL FLORIDA HEALTH DEVELOPMENT CORPORATION

ADDITIONAL LIST OF OFFICERS & DIRECTORS

1996 CORPORATE ANNUAL REPORT



**S/T McConnell, R. Patton
600 East Dixie Avenue
Leesburg, FL 34748**

**P Giffin, James R.
600 East Dixie Avenue
Leesburg, FL 34748**